

**ELECTRONIC WEB-FILE TRANSFER REGISTRATION –  
FOR PROVIDERS BILLING NON-MEDICAL SERVICES EXEMPT FROM HIPAA TRANSACTION AND  
CODE SET**

ND DEPARTMENT OF HUMAN SERVICES/MEDICAL SERVICES  
DN326 (09-03)

Agreement No.: \_\_\_\_\_

This Electronic Web-File Transfer Registration is made as of the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_  
by and between North Dakota Department of Human Services located at 600 East Boulevard  
Avenue, Dept. 325, Bismarck, ND 58505-0250, and \_\_\_\_\_(Medicaid Provider)  
located at \_\_\_\_\_. This  
Registration can only be submitted by Basic Care, Personal Care and Developmental Disability  
(ISLA only) providers and is solely for the purpose of registering the above named provider for  
electronic submission of claims through the web-based file transfer. All other provisions of the  
North Dakota Medicaid provider agreement remain in force.

**WEB-FILE TRANSFER CONTACT INFORMATION**

Submitted by:  
**MEDICAID PROVIDER**

Accepted by:  
**NORTH DAKOTA DEPARTMENT OF  
HUMAN SERVICES**

Provider Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_  
(Submitters with more than one provider number do  
not need to complete a Registration for each provider  
number.)

Tax ID/SSN #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person: Rhonda Rud

Title: \_\_\_\_\_

Title: Provider Enrollment

Email Address: \_\_\_\_\_

Email Address: dhsenrollment@state.nd.us

Telephone: (\_\_\_\_) \_\_\_\_\_

Telephone: 701-328-4033